

Name of Organization/School: _____
Name: _____
Date Reviewed: _____
Date of Initial Training and Program Started: _____



The Incredible Years (IY) Agency Administration Implementation Effectiveness: Dinosaur Small Group Treatment Program

Organizational process and implementation components regarding the delivery of the Incredible Years child program vary from one organization to another for many different reasons. This questionnaire asks about your organization resources and intervention procedures underlying this program. Part A is to be completed by the agency administrator and group leader separately. Part B is to be completed by the IY program group leaders.

Part A: Agency Promotion of Incredible Years Intervention Fidelity

Agency Resources Provided

- A1. Are resources provided to help parents with transportation to get their child to the group sessions? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

- A2. Are IY parent groups available while children attend the small group Dinosaur sessions? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

- A3. Are snacks provided for child groups? (*Check one.*)

Yes No

- A4. Is satisfactory space available to deliver the program without interruptions from others (including space for circle time, small group practice, play activities, and Time Out). (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A5. Is equipment available to easily view DVDs during the session? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A6. Is video camera equipment provided for group leaders to tape their group sessions? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A7. Are supplies provided to support the small group activities and play coaching (toys, art supplies, chips, stickers, small group activities, incentives for children, puppets)? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A8. Is clerical assistance available to help group leaders with preparation of materials? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A9. Are Incredible Years Wally books provided? ___yes ___no

A10. Are parents given the Incredible Years parent books? ___yes ___no

If yes, are parents assigned chapters to read each week?

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Financial Sustainability

A11. Has a clear and stable referral base been identified? (E.g., preventive, high risk or diagnosed children or child protective service referred) (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A 12. Does the agency have a plan for financial sustainability of the program? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Clinician/Group Leader Training Support by Agency

A 13. Has the agency administration carefully selected clinicians/group leaders for delivering this intervention based on their educational background, experience and motivation to deliver a group based child intervention? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A 14. Is work time available for clinicians/group leaders to have meetings regarding peer and self-review of videos of their child group sessions delivered? (*Circle one.*)

Not at all Seldom Monthly Every Two Weeks Weekly
1 2 3 4 5

A 15. How much work time is allocated for clinicians/group leaders to debrief after a session and plan and prepare for their group sessions. *Please write in number of hours weekly allocated for group preparation (not counting session time)*
_____ hours

A16. How much time is allocated for clinicians/group leaders to make weekly telephone calls to the parents of children in their groups? Please write in number of hours weekly allocated for parent contact.
_____ hours

A17. How much time is allocated for teacher contact review behavior plans and share information about group methods. Please write in number of hours weekly allocated for teacher contact.
_____ hours

A18. Including all the above activities, how much time total time is allocated each week deliver one IY child group?

- _____ 2 hours per week (only for group time)
- _____ 2-4 hours per week
- _____ 4-6 hours per week
- _____ 6-8 hours per week
- _____ 8-10 hours per week

A19. Do clinicians/group leaders have telephone consultations with accredited IY trainers or mentors? (*Circle one.*)

Not at all Very little Sometimes Quite a bit Extensive
1 2 3 4 5

A20. Is there one clear person who has responsibility for overseeing that the program is delivered with fidelity? (*Circle one.*)

Not at all Rarely Sometimes Consistently
1 2 3 4

A21. Do group leaders have consultation workshops with accredited IY trainers or mentors either on-site or in Seattle?
Number of consultation days leaders have attended _____

A22. How many clinicians are available to run each group? (*Circle one.*)
1 2 3 4

A23. How many clinicians/group leaders have achieved certification/accreditation in your agency?
_____ group leaders

A24. Is there a plan for developing a certified IY peer coach or mentor in your agency? (*Check one.*)
___ Yes ___ No

A25. To what degree are rewards/recognition for group leaders provided by your agency for delivering the program with fidelity? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A26. How important does the agency believe it is for clinicians/group leaders to become certified/accredited in the Incredible Years program? (*Circle one.*)

Not at all Somewhat Extremely
1 2 3 4 Important
5

Agency Monitoring and Accountability Procedures

A27. How much importance is placed on compiling final program parent or teacher evaluations, program attendance, and preparing summary behavior plans? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A28. How much importance is placed on collecting baseline and post assessment measures of reports of child social competence and behavior problems from parents and teachers? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A29. How much importance is placed on reviewing fidelity measures of program delivery (session checklists, vignettes shown, small group activities prepared, practices set up)? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Part B: Group Leader/ Clinician Fidelity to Intervention

Part B is to be completed by clinician/group leaders who are delivering this program.

B1. How many circle times (structured learning circles) occur in your typical group sessions? (*Circle one.*)

None 1 2 3 more than 3

How long is your typical circle time? _____
What are the ages of the children in your group? _____
How many children are in your groups? _____

B2. How often do you provide reinforcement (prizes, stickers, hand stamps) provided to children for their prosocial behaviors? (e.g., sharing, waiting, helping, complimenting, quiet hands up)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B3. How many group sessions are offered in total in the typical Incredible Years child treatment group? _____
How long is each session? _____

B4. Please rate child attendance in your groups? (*Circle one.*)

<u>Poor</u>	<u><50% present</u>	<u>50%</u>	<u>60-70% present</u>	<u>>90%</u>
1	2	3	4	5

B5. What percentage of the recommended vignettes do you show, on average, in each session? (*Circle one.*)

	<u>< 25%</u>	<u>25-50% of them</u>		<u>75% of them</u>	<u>All of them</u>
1	2	3	4	5	

B6. To what degree are additional vignettes (not asterisked) selected to show to meet the specific needs, interests and risk level of children in each unique group? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B7. Many role plays /practices with puppets do you have children do in a typical session? (*Circle one.*)

<u>0</u>	<u>1</u>	<u>2-3</u>	<u>3-4</u>	<u>5+</u>
1	2	3	4	5

B8. Do you check each students returned homework each week and provide children with group or individual recognition for their efforts? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B9. Are children provided with homework to do with their parents each week? (*Check one.*)

yes no

B10. Is a structured approach used to explain children's home activities to parents and to support parents understanding of how to do these with their children? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B11. How many hours each week do you have for doing the following:

telephone calls to parents of children in group
 telephone calls to teachers of children in group
 self-review of videos of group sessions delivered
 preparation for next group session with co-leader
 preparation of behavior plans

B12. What percentage of parents of children in a group do you talk with each week?_____

B13. How much do you call or meet with teachers of children in your group? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Usually</u>
1	2	3	4	5

B14. How often do you videotape your sessions during the course of one child training intervention consisting of 18-20 sessions? (*Circle one.*)

<u>Not at all</u>	<u>Once</u>	<u>2-4 times</u>	<u>Every other week</u>	<u>Weekly</u>
1	2	3	4	5

B15. How often do you participate with co-leaders in peer review videos of group sessions using the collaborative and leader checklists? (*Circle one.*)

<u>Not at all</u>	<u>Once</u>	<u>2-4 times</u>	<u>Every other week</u>	<u>Weekly</u>
1	2	3	4	5

B16. Have you sent a DVD of your lesson for review by an accredited mentor or trainer? (*Check one.*)
___yes ___no

B17. Do you complete session checklists after each group session? (*Check one.*)
___yes ___no

B18. Have you submitted session checklists and evaluations for certification, or for agency fidelity review? (*Check one.*)
___yes ___no

Parent Involvement

B19. How often do you talk with parents about strategies they can use at home to reinforce what children are learning in Dina groups? (*Circle one.*)

<u>Not at all</u>	<u>Once</u>	<u>2-4 times</u>	<u>Every other week</u>	<u>Weekly</u>
1	2	3	4	5

B20. How often do you provide letters to parents about the dinosaur topic you are working on and how they can encourage their children with these skills? (*Circle one.*)

Not at all Once 2-3 times Every other week Weekly
1 2 3 4 5

B21. How often do you meet with parents to review behavior plans and discuss how strategies for meeting children's behavioral goals?

How often do you meet with each parent during the 18-20 week session _____

Summary of School and Future Goals

Challenges

Strengths

Recommendations
